2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am § Secretary of State DOCUMENT # N9600001219 1. Entity Name VENCARE HOSPICE FLORIDA, INC. 05-03-2001 91129 034 ****61.25 Principal Place of Business Mailing Address ONE VENDOR PLACE 680 SOUTH FOURTH STREET U U U Z U Z I I 680 \$ 4TH ST ATTN: TAX DEPT. LOUISVILLE KY 40202 **LOUISVILLE KY 40202-2412** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-1328994 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DELVECCHIO, WENDY A BLANK, RIGSBY & MEENAN P.A. 204 SOUTH MONROE STREET Zip Code TALLAHASSEE FL 32301 FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition TITLE ☐ Change TITLE ☐ Delete GILLENWATER, JAMES H JR NAME NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY 40202-2412 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE REIDMAN, SUZANNE NAME NAME STREET ADDRESS STREET ADDRESS 680 SOUTH FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY_40202-2412. PHDO ☐ Delete TITLE Change ☐ Addition TITLE BATTAFARANO, FRANK J NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202-2412 SVPO ☐ Delete TITLE Change | ☐ Addition TITLE CHAPMAN, RICHARD E NAME NAME **680 SOUTH FOURTH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40202-2412** ☐ Delete TITLE Change ☐ Addition TITLE COGWILL, R JOHN NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP **LOUISVILLE KY 40202-2412** CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

VPBD

CRESS, MICHAEL

680 SOUTH FOURTH STREET

LOUISVILLE KY 40202-2412

MRMICHAEL E MOAD

X Delete

MICHAEL E MOAD 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202

 $(502)_{596} - 7300$

Change

Addition

DIRECTORS

James H. Gillenwater, Jr.

Director

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

M. Suzanne Riedman

Director

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard A. Schweinhart

Director

Primary Address:

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Senior Vice President, Pacific Region; Health Services Division

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...

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